

Scotland Deanery Quality Management Visit Report



Date of visit	18 th April 2018	Level(s)	Core & ST
Type of visit	Scheduled	Hospital	University Hospital Monklands, Airdrie
Specialty(s)	Anaesthetics	Board	NHS Lanarkshire

Visit panel	
Dr Ronald MacVicar	Visit Lead, Emergency Medicine & Anaesthetics Lead Dean Director & Postgraduate Dean (North Region)
Dr Linzi Peacock	Training Programme Director, Anaesthetics, South-East Region
Ms Marie Cerinus	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Mrs Maggie Read	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Emergency Medicine, Anaesthetics & Intensive Care Medicine
Lead Dean/Director	Professor Ronald MacVicar
Quality Lead(s)	Dr Kim Walker & Dr Claire Vincent
Quality Improvement Manager(s)	Miss Kelly More
Unit/Site Information	
Non-medical staff in attendance	2 physician's assistants, a charge nurse, a senior charge nurse and a critical care advance nurse practitioner.
Trainers in attendance	6 consultants including the college tutor
Trainees in attendance	1 CT1, 1 CT2s, 1 LAT, 1 ST4 & 1 ST5
Feedback session: Managers in attendance	5 consultants including the clinical director, 1 physician's assistant, NHS Lanarkshire director of medical education and representatives from Monklands management team

Date report approved by Lead Visitor	24/04/18
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1. Principal issues arising from pre-visit review

The Deanery's scheduled visit programme aims to visit each unit/location delivering training once every five years. Accordingly, a scheduled visit is being arranged to the Anaesthetics department at Monklands Hospital. The visit team will take the opportunity to gain a broad picture of how training is carried out within the department and to identify any areas of innovation or good practice for sharing more widely. The visit provides an opportunity for trainees and staff within the unit/department to tell the Deanery what is working well in relation to training; and also to highlight any challenges or issues, the resolution of which could be supported by the Deanery.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were to see if the issues that had led to the department being included in the General Medical Council (GMC) Deanery Report had been resolved - adequate experience, overall satisfaction, clinical supervision, local teaching and educational resources.

2. Introduction

University Hospital Monklands is a district general hospital based in Airdrie. It serves a population of 260,000 people and has 536 inpatient beds.

The visit team met with specialty trainees as well as trainers and non-medical staff.

A summary of the discussions has been compiled under the headings in section 3 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading includes numeric reference to specific requirements listed within the standards.

3.1 Induction (R1.13)

Trainers: Induction runs twice a year in August and February. Trainees are sent documents before they arrive in the department which are run through one their first day. They also get a tour and meet the staff. If a trainee is not able to make the scheduled induction then the consultant running the induction will meet with them in their first couple of days.

All trainees: Trainees felt that the departmental induction was thorough and included running through a booklet that they received before joining the department. The hospital induction was not as relevant as it covered topics that was not as useful for anaesthetics trainees. One suggested improvement was the inclusion of a refresh of dealing with paediatric emergencies as some trainees had not worked with children for some time, and there is no in-patient paediatrics on site.

Core trainees: Trainees attended a west of Scotland induction which was very comprehensive.

Non-Medical Team: None of the team have a formal role in induction however the physician's assistants show newer trainees how to use the anaesthetic machines.

3.2 Formal Teaching (R1.12, 1.16, 1.20)

Trainers: Trainees can attend an intensive care grand round on a Monday & weekly teaching on a Tuesday which is co-ordinated by 1 of 2 consultants. There is also monthly core medical meeting as well as simulation training both departmental and via the mobile skills unit which comes to the hospital twice a year. The Emergency department runs neonatal resuscitation sessions.

New trainees to anaesthetics undergo structured training for anaesthetics novices (STAN) training

There is regional exam teaching which now takes place in 2 3-day blocks in January and May. Trainees are released to attend this.

All Trainees: Trainees can attend simulation training as well as weekly consultant supervised, trainee led teaching sessions on a specified day which can be difficult to attend if a trainee works less than full time. There is also a core medical monthly meeting which all levels of staff are invited to attend.

Core Trainees: They had specific teaching in the department when they first joined. Exam preparation teaching used to take place weekly but now runs in 2 separate weeks, the trainees involved were unsure of the exact arrangements.

Non-Medical Team: Staff were aware of when the weekly teaching sessions took place and often helped to cover when trainees were away from the department.

3.3 Study Leave (R3.12)

Trainers: There are no problems in giving trainees study leave.

All Trainees: There are no issues in obtaining study leave if there is a reasonable amount of notice given.

3.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6)

Trainers: Trainees are informed on their first day who their supervisors will be. Staff have been trained in these roles and they are reviewed as part of their appraisals. If there are issues with an incoming trainee then the college tutor will be informed by a college tutor from another site and this will be shared with the team.

All Trainees: They all had an educational supervisor who they have met with and agreed a learning plan. All consultants are accessible so it easy to arrange meetings and these meetings are said to be useful.

Non-Medical Team: Trainees are well supported both daytime and out of hours.

3.5 Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

Trainers: If trainees have special interests or areas that they need to cover then they are asked at induction to let someone know. Appropriate lists are allocated to trainees according to their requirements. Trainees can go to other Lanarkshire hospitals to gain experience in Orthopaedics and Obstetrics. Arrangements are relatively easy to make to allow this to happen.

All Trainees: The group of consultants is quite small so they get to know the trainees and what they can do so trust builds and trainees are allowed to do more. Trainees have a good range of experience

including Urology and ENT but have to go to other hospitals for experience in Orthopaedics and Obstetrics.

Non-Medical Team: Staff are involved in helping trainees become competent in performing tracheostomies, using a ventilator and using the intensive care unit data collection system.

3.6. Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)

Trainers: Every theatre list is a learning opportunity and trainees let consultants know if there is an assessment they would like to complete. Staff have received training in how to undertake workplace based assessments. Trainee progress is discussed at consultant meetings.

All Trainees: Consultants are proactive in getting assessments signed off quickly.

Non-Medical Team: Staff complete multi source feedback assessments for trainees.

3.7. Adequate Experience (multi-professional learning) (R1.17)

All Trainees: The core medical meetings cover topics that are of interest to all levels of staff. The mobile skills unit comes a few times a year and provides simulation training. There is also a regional simulation centre at Kirklands which offers team simulation sessions.

Non-Medical Team: All staff attend training on the mobile skills bus and there is also inhouse intensive care simulation training.

3.8. Adequate Experience (Quality improvement) (R1.22)

Trainers: Trainees are very encouraged to take part in audits and there is a quality improvement prize available to a Monklands based trainee. There are three graduates of the Scottish quality and safety fellowship in the department.

All Trainees: It is easy to set up a quality improvement project as there are always lots of opportunities to take part.

3.9. Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Trainees have coloured badges which indicate their level of training. They all have a named supervising consultant during the day and out of hours there is a consultant on call from home. None of the staff were aware of trainees having to cope with anything beyond their level of experience.

All trainees: All trainees felt well supervised and had never had to cope with anything beyond their level of competence. There is always someone around either in the hospital or on call from home out of hours. All the consultants are approachable.

Non-Medical Team: Trainees wear different coloured badges depending on their level of training. The rota is also colour coded. None of the staff were aware of trainees having to cope with anything beyond their level of experience.

3.10. Feedback to trainees (R1.15, 3.13)

Trainers: Informal feedback is provided at the end of every list and consultants are encouraged to do this. Trainees also ask for feedback. Formal feedback is provided every 3-6 months.

All Trainees: How much feedback received depends on who you are on duty with but when asked trainees are provided with constructive feedback. More formal feedback is provided before the Annual Review of Competency Progression (ARCP).

3.11. Feedback from trainees (R1.5, 2.3)

Trainers: The department recently undertook the Professional Compliance Analysis Tool (PCAT). Trainees were involved in analysis of the output from the 2017 National Trainee Survey. They are also asked to provide feedback on the trainers and of their experience in the intensive care unit. The Monklands chief resident also seeks feedback from the trainees.

All Trainees: There is a trainee representative in the department who attends a monthly departmental meeting so any issues can be raised there.

3.12. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The rota is manageable when all trainees are available.

All Trainees: The workload is said to be manageable. On call work can be demanding but recovery time is built into the rota. If the rota has gaps then these are usually covered internally or by locums that have recently worked in the hospital.

Non-Medical Team: None of the team had any concerns about the trainees working hours.

3.13. Handover (R1.14)

Trainers: The intensive care handover follows a set format which includes a check to ensure that the trainee is safe to drive home or if they need to use the on-call post shift facilities. A consultant is present for the morning handover daily but the evening handover is usually trainee to trainee. There is also a hospital at night handover at 2130 each evening.

All Trainees: In the intensive care unit there is a morning, evening and mid-shift handover. This can be trainee to trainee but the consultant is usually there especially in the morning. These handovers work well.

Non-Medical Team: The intensive care unit handover is now protected with no interruptions which makes it shorter. It follows a set format and includes a section on health & wellbeing as its final item.

3.14. Educational Resources (R1.19)

Trainers: The library has IT facilities and the trainee room has a computer. The new theatre facility will have a seminar room.

All Trainees: Trainees have access to a library which is open 24 hours a day, every day as well as a shared office which has 3 computers. There is a trainee room but it only has 1 computer.

3.15 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: There is a strong regional support network through the training programme director and the performance support unit. Trainees are made aware of contacts out with the department should they need them.

Before a trainee returns to work after a break they have keeping in touch days, receive regular updates and have access to the regional return to work course.

All Trainees: If a trainee required support they would approach their educational supervisor in the first instance. One of the trainees is less than full time and appropriate amendments have been made to their rota. They are not always able to attend the local teaching sessions but were aware of a regional return to work programme.

Non-Medical Team: If staff were concerned about a trainee they would speak to one of the consultants or to the college tutor. They are often asked by consultants how trainees are getting on.

3.16 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: The training quality lead is responsible for overall site governance and there is a trainee representative at the divisional meeting.

All Trainees: The college tutor manages the quality of their education.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainees are encouraged to raise any concerns. The Anaesthetics specialty is safety focused and trainees are involved in the concerns process.

All Trainees: If they had concerns about patient safety they would approach a consultant. If they had concerns about their education they would speak to the college tutor.

Non-Medical Team: If any concerns are raised via DATIX (incident reporting system) these are fed back in a monthly email and if an incident occurs concerns can be raised at the debriefing.

3.18 Patient safety (R1.2)

Trainers: The environment is very safe for both patients and trainees.

All Trainees: None of the trainees had any patient safety concerns.

3.19 Adverse incidents (R1.3)

Trainers: Trainees are encouraged to report any incidents on DATIX and feedback is provided on these via the trainee's educational supervisor. There is a no blame culture. Hot and cold debriefs also take place after any adverse incident has taken place.

All Trainees: Adverse incidents are recorded on DATIX, informal feedback is usually provided on these within a few days as the educational supervisors are now aware of these. There are usually hot and cold debriefs which take place after an incident.

3.20 Duty of candour (R1.4)

Trainers: The consultants lead by example and try to foster a team culture. The DATIX system has now been modified to ask about duty of candour.

3.21 Culture & undermining (R3.3)

Trainers: There are no bullying and undermining behaviours present in the department.

All Trainees: There are no issues with bullying or undermining behaviours in this department.

Non-Medical Team: There is a lack of hierarchy in the team which fosters a good team culture. Staff are encouraged to speak up if they have any concerns and they are confident that their opinions would be taken seriously. If there were any issues with bullying or undermining then staff are confident that these would be dealt with.

3.22 Other

Trainers: They hope that they provide a good training environment. They use the physician's assistants and critical care advanced nurse practitioners to help protect trainee access to learning opportunities.

All Trainees: Trainees have an overall good experience with good exposure to a number of specialties and to critical care.

Non-Medical Team: This is an exceptional environment for trainees.

4. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
		x		

This was an entirely positive visit that was part of the scheduled five-yearly programme of Quality Management visits. We were particularly impressed by the non-hierarchical, supportive culture within the department, which one member of the wider team describes as one where ‘everyone’s voice is heard’.

Positive aspects of the visit were:

- The contribution to training of the physician associates (PA), advanced nurse practitioners in critical care, and the nursing team, not least the PA support for novice trainees which in turn protects the wider trainee cohort from redistributed work
- The departmental focus on Quality Improvement (QI) as evidenced by the fact that there are three graduates of the Scottish quality and safety fellowship in the department. The institution of a QI prize for trainees struck us as an exemplar of this focus
- Induction was cited as being of high quality, including the personal and bespoke approach to those that have missed the formal induction sessions
- The range of formal learning opportunities and support is impressive, including:
 - Multiprofessional core medical meetings
 - A focus on simulation, which is clearly a departmental strength
 - Trainee-led, consultant-supported Tuesday lunchtime sessions, which are protected
 - Structured STAN (Structured Training for Anaesthetics Novices) training
- The introduction of colour-coded name badges relating to level of competence of trainees is welcome and is in accord with a requirement that was placed on the Deanery by NHS Education for Scotland (NES) at the recent national visit
- Handover arrangements work well, and we were particularly encouraged to hear that the final element of each handover relates to the wellbeing of the trainee, with rest facilities being available if required
- Consultant support of, and supervision for trainees
- A departmental drive for improvement in training and education that seeks out objective metrics that will support improvement including:
 - Professional Compliance Analysis Tool (PCAT)
 - The added value of the Chief Resident role
 - Structured trainee feedback to consultants
 - Systematic analysis of the GMC National Trainee Survey output
 - Systematic feedback from Intensive Care Medicine training

Less positive aspects of the visit were:

- A need for some clarity for junior trainees about arrangements for exam-preparation course work. This is a regional, rather than a local issue
- A suggestion that the simulation expertise and enthusiasm that is in place in the department could be captured during the induction programme to ensure that every new trainee in the department is adequately prepared to deal with paediatric emergencies

5. Areas of Good Practice

Ref	Item	Action
5.1	The departmental focus on Quality Improvement as evidenced by the fact that there are three graduates of the Scottish Quality and Safety Fellowship in the department. The institution of a QI prize for trainees struck us as an exemplar of this focus	n/a
5.2	The introduction of colour-coded name badges relating to level of competence of trainees is welcome and is in accord with a requirement that was placed on the Deanery by NES at the recent national visit	n/a
5.3	A departmental drive for improvement in training and education that seeks out objective metrics that will support improvement including: <ul style="list-style-type: none"> ○ PCAT ○ The added value of the Chief Resident role ○ Structured trainee feedback to consultants ○ Systematic analysis of the GMC National Trainee Survey output ○ Systematic feedback from ICM training 	n/a
5.4	The range of formal learning opportunities and support is impressive, including: <ul style="list-style-type: none"> ○ Multiprofessional core medical meetings ○ A focus on simulation, which is clearly a departmental strength 	n/a

	<ul style="list-style-type: none"> ○ Trainee-led, consultant-supported Tuesday lunchtime sessions, which are protected ○ Structures STAN (Structured Training for Anaesthetics Novices) training 	
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6. Areas for Improvement

Ref	Item	Action
6.1	A need for some clarity for junior trainees about arrangements for exam-preparation course work. This is a regional, rather than a local issue	Action plan and Update required 6 months from report issue
6.2	A suggestion that the simulation expertise and enthusiasm that is in place in the department could be captured during the induction programme to ensure that every new trainee in the department is adequately prepared to deal with paediatric emergencies	Update required 6 months from report issue

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	none		all
7.2			all
7.3			all

